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## \*BIBDATASHEET\*

CONFIRMATION NO. 7075

Bib Data Sheet

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/708,475 | <b>FILING OR 371(c)<br/>DATE</b><br>11/09/2000<br><b>RULE</b> | <b>CLASS</b><br>514 | <b>GROUP ART UNIT</b><br>1624 | <b>ATTORNEY DOCKET<br/>NO.</b><br>2489.0028-12 |
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a REI of 08/309,395 09/20/1994 PAT 5,658,911  
 which is a CON of 07/969,383 10/30/1992 PAT 5,364,866  
 which is a CIP of 07/788,269 11/05/1991 ABN  
 which is a CIP of 07/944,705 09/05/1991 ABN  
 which is a CON of 07/619,825 11/29/1990 ABN  
 which is a CON of 07/456,790 12/29/1989 ABN  
 which is a CIP of 07/354,411 05/19/1989 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

11/29/2000

|  |                           |                   |                        |                             |
|--|---------------------------|-------------------|------------------------|-----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>NJ | SHEETS<br>DRAWING | TOTAL<br>CLAIMS<br>115 | INDEPENDENT<br>CLAIMS<br>19 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                   |                        |                             |
| Verified and Acknowledged<br><i>Brenda Colono</i><br>Examiner's Signature  | <i>BC</i><br>Initials     |                   |                        |                             |

## ADDRESS

23307

## TITLE

Heteroaryl piperazines, and their use as antipsychotics and analgetics

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| <b>FILING FEE<br/>RECEIVED</b><br>2690 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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